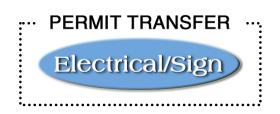


Key Tower, 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019 **Phone**: (206) 684-8950 **Fax:** (206) 386-4039

Website: www.seattle.gov/dpd **Hours:** M,W,F: 7:30-5:30 T,Th: 10:30-5:30



APPLICATION FOR PERMIT TRANSFER

(For use with Electrical/Sign Permits only)

Permit or A/P #:(Original Permit Number)	Date:
(Original Permit Number)	
Receipt #:(Original Purchase Receipt Number)	Date Permit Issued:
Address:	
Primary Applicant/Installer:	Phone #:
Receipt Issued to:(Installer/Owner)	
Transfer Installer of Record:	
I hereby transfer the installation rights in the applic	cation/permit identified above to the NEW
INSTALLER; and release all funds associated with	•
Development.	
Original Permit Holder Signature:	
New Installer:	Phone #:
Address:	Contractor License #:
Company Name:	
Comments/Description:	
DPD Use Only:	
(Authorized Signature)	(Date)